

These cases represent two classes; one where the bursal wall is transformed into some structure allied to connective tissues as chondroma, sarcoma, myxoma, etc.; the other, epithelial neoplasms, as yet only observed where fistula was present.

It is doubtful if a normal bursa is ever the starting point of these new growths.—*Arch. f. klin. Chirg.*, 1886, Bd. 33, Hft., ii.

W. BROWNING (Brooklyn).

## II. On Subdiaphragmatic Cydatids and their Treatment.

By Dr. LEOPOLD LANDAU (Berlin). Hydatid cysts springing from the upper surface of the liver naturally press upwards into the thorax, displacing the heart and lungs. The diaphragm offers less resistance than the anterior abdominal walls. From time to time cases have been recorded which caused pleurisy, atelectasis pulmonum, empyema and pyopneumothorax and various operative measures, such as blind tapping and resection of the ribs have been undertaken with small amount of success. Dr. Landau's method of obtaining access to deeply seated cysts between the liver and diaphragm is shortly as follows: Having determined by repeated punctures that the cyst lay on the convex surface of the liver an incision was made in the *linia alba* from three fingers' breadth above the umbilicus to the ensiform cartilage. As the liver surface which presented was of the natural colour the finger was passed upwards and the organ drawn down and anteverted. Two sutures having been passed through liver substance, peritoneum and abdominal walls at the angles of the wound were given to an assistant to hold. Dieulafoy's needle being again used the cyst was found to tend chiefly to the upper surface of the left lobe, so a small incision was made through the liver substance upwards and to the left. The result was that a large quantity of cysts were forcibly ejected from the upper angle of the wound. The bent forefinger was then insinuated into the sac clearing out a number of daughter cysts. The upper wall of the cyst was found to be firmly united with the diaphragm, the cardiac impulse being plainly felt. The edges of the incised liver were then united with those of the abdominal walls, and the cavity washed out with sublimate solution (1 in 5,000), and three large drainage tubes inserted. The sutures were removed on the

eighth day. The tubes were not changed for 38 days, when the sound showed that the cavity had shrunk from the size of a child's head to that of a hen's egg. Eleven weeks after the operation the wound was closed.

The cavity was never once irrigated after the operation. The woman bore children after, and a year after the liver was not connected with the scar. The hepatic dulness was also normal.

Israel practised an operation in which having first excised the ribs and obtained closure of the lower part of the pleural cavity, he then incised the parent cyst through the diaphragm. This operation is obviously impossible in such a case as the one detailed where the sac lay next the heart and must be full of daugers in any case. The last four cases operated on by Dr. Landau were never once irrigated and practically never suppurated, only discharging a slimy, serous fluid.—*Deut. Med. Ztg.*, 1886, Nos. 93, 97, 98.

**III. On the Treatment of Nævus by Excision.** By R. W. PARKER. The author states that excision is most widely applicable of any of the methods of treating navus. For cutaneous nævi there is no better application than fuming nitric acid; subcutaneous ligature is regarded as a barbarous practice; the plan of injecting nævi is generally unsatisfactory and occasionally fatal. Electrolysis is useful in cases of soft semi-cavernous nævi. The steps in operating by excision adopted by the author are shortly as follows: Elliptical incision through skin and subcutaneous tissue, detachment of edge, shelling out till the nutrient vessels are reached, which are threaded with catgut, the wound edges are carefully adjusted with catgut sutures, painted with iodoformed collodion and a dry dressing applied.

In the case described "there was, unfortunately, not much primary union," probably, we venture to think, because no catgut drain or reliable antiseptic was used. In an analysis of 564 cases the author notes the following points: The preponderance of girls over boys, though not a new fact, is remarkable.

Spontaneous ulceration is by no means a rare condition, though spontaneous cure has never been met with.

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